

Schedule C

**Affirmation of Cancellation of Contract By Grantor/Trustor/ Primary Issuer &
Administrative Default Judgment
Made to Notary for Failure to Produce Freedom of Information Request & Request for Affidavit
Certifying Affirmation of Statutory Obligation made to**

Name of Financial Institution/ State Corporate Entity-Department-Subdivision: Citibank

The purpose of this Affidavit is to certify that a request for a Freedom of Information request was made to the above named Corporate Entity on the date of 01-17-2019 and the Corporate Entity and Fiduciary failed to produce the Freedom of Information request and failed to produce an Affidavit Certifying that they affirm their activities in regards to account # 426997100369256 were within the bounds of their Federal, State, contractual, and commercial statutory obligations and oaths of record that they are bound to

In failing to provide such certification the Fiduciary James Forese and all agents have shown bad faith and default in their lawful duty of record to legally verify the alleged Claim as required by law and as stated specifically in their oaths of office which obligate them to follow the laws mentioned within those oaths and applicable Laws.

I Shawn Noel the affiant in this affidavit am officially executing administrative default to be reflected for the record along with color of authority actions based on the following:

- 1) Alleged Claimant failed to produce my original signature in respect to the alleged claim/contract and failed to state for the record who the alleged original claimant was based on the preceding law
- 2) Alleged claimant failed to provide an Affidavit Certifying that as fiduciary(s) for the institution they did not breach any federal state contractual commercial or official oath in carrying out the alleged contract/claim
- 3) Alleged Claimant failed to certify that they did not unlawfully without my consent use my signature to provide to or gain assets from a third party(s) then unlawfully made a claim against me and they failed to substantiate for the record that they did not commit any action that would preclude that they used my identity in a fraudulent or illegal manner or converted my true identity into a fictitious identity in collusion with a third party or additional parties.

Alleged Claimant was and is bound by law to provide this information upon a request pursuant to FOIA USC 5 section 552 and Failed to.

I Shawn Noel the affiant of record testify before this witness who is an officer of the state and a notary public who has the lawful power to take affirmations and attestations of fact from affiants that the above Corporate Entity and its fiduciary agents have participated in fraud along with illegal transactions in respect to their claims, have violated their oaths of Office and thus violated federal law and subsequent state law and commercial statutes that apply.

County Kings State New York
Sworn and Subscribed before me Mary H. Auguste this 4th [day] Feb [month] 2019 [year]

Notary Signature

MARY H AUGUSTE
Notary Public, State of New York

No. 01AUS006774

Qualified in Kings County

Commission Expires March 29, 2019

**Affirmation of Cancellation of Contract By Grantor/Trustor/ Primary Issuer &
Administrative Default Judgment
Made to Notary for Failure to Produce Freedom of Information Request & Request for Affidavit
Certifying Affirmation of Statutory Obligation made to**

Name of Financial Institution/ State Corporate Entity-Department-Subdivision: Cavalry Port

The purpose of this Affidavit is to certify that a request for a Freedom of Information request was made to the above named Corporate Entity on the date of 01-17-2019 and the Corporate Entity and Fiduciary failed to produce the Freedom of Information request and failed to produce an Affidavit Certifying that they affirm their activities in regards to account # 20597857 were within the bounds of their Federal, State, contractual, and commercial statutory obligations and oaths of record that they are bound to

In failing to provide such certification the Fiduciary Philip Miller and all agents have shown bad faith and default in their lawful duty of record to legally verify the alleged Claim as required by law and as stated specifically in their oaths of office which obligate them to follow the laws mentioned within those oaths and applicable Laws.

Shawn Noel the affiant in this affidavit am officially executing administrative default to be reflected for the record along with color of authority actions based on the following:

- 1) Alleged Claimant failed to produce my original signature in respect to the alleged claim/contract and failed to state for the record who the alleged original claimant was based on the preceding law
- 2) Alleged claimant failed to provide an Affidavit Certifying that as fiduciary(s) for the institution they did not breach any federal state contractual commercial or official oath in carrying out the alleged contract/claim
- 3) Alleged Claimant failed to certify that they did not unlawfully without my consent use my signature to provide to or gain assets from a third party(s) then unlawfully made a claim against me and they failed to substantiate for the record that they did not commit any action that would preclude that they used my identity in a fraudulent or illegal manner or converted my true identity into a fictitious identity in collusion with a third party or additional parties.

Alleged Claimant was and is bound by law to provide this information upon a request pursuant to FOIA USC 5 section 552 and Failed to.

Shawn Noel the affiant of record testify before this witness who is an officer of the state and a notary public who has the lawful power to take affirmations and attestations of fact from affiants that the above Corporate Entity and its fiduciary agents have participated in fraud along with illegal transactions in respect to their claims, have violated their oaths of Office and thus violated federal law and subsequent state law and commercial statutes that apply.

Sworn and Subscribed before me Mary H. Auguste this 7 (day) Feb (month) 2019 (year)

Notary Signature

MARY H. AUGUSTE

Notary Public, State of New York

No. 01AU8006774

Qualified in Kings County

Commission Expires March 29, 2019

**Affirmation of Cancellation of Contract By Grantor/Trustor/ Primary Issuer &
Administrative Default Judgment**

**Made to Notary for Failure to Produce Freedom of Information Request & Request for Affidavit
Certifying Affirmation of Statutory Obligation made to**

Name of Financial Institution/ State Corporate Entity-Department-Subdivision: Chase

The purpose of this Affidavit is to certify that a request for a Freedom of Information request was made to the above named Corporate Entity on the date of 01-17-2019 and the Corporate Entity and Fiduciary failed to produce the Freedom of Information request and failed to produce an Affidavit Certifying that they affirm their activities in regards to account # 4266841323737086 were within the bounds of their Federal, State, contractual, and commercial statutory obligations and oaths of record that they are bound to

In failing to provide such certification the Fiduciary Jamie Dimon and all agents have shown bad faith and default in their lawful duty of record to legally verify the alleged Claim as required by law and as stated specifically in their oaths of office which obligate them to follow the laws mentioned within those oaths and applicable Laws.

I Shawn Noel the affiant in this affidavit am officially executing administrative default to be reflected for the record along with color of authority actions based on the following:

- 1) Alleged Claimant failed to produce my original signature in respect to the alleged claim/contract and failed to state for the record who the alleged original claimant was based on the preceding law
- 2) Alleged claimant failed to provide an Affidavit Certifying that as fiduciary(s) for the institution they did not breach any federal state contractual commercial or official oath in carrying out the alleged contract/claim
- 3) Alleged Claimant failed to certify that they did not unlawfully without my consent use my signature to provide to or gain assets from a third party(s) then unlawfully made a claim against me and they failed to substantiate for the record that they did not commit any action that would preclude that they used my identity in a fraudulent or illegal manner or converted my true identity into a fictitious identity in collusion with a third party or additional parties.

Alleged Claimant was and is bound by law to provide this information upon a request pursuant to FOIA USC 5 section 552 and Failed to.

I Shawn Noel the affiant of record testify before this witness who is an officer of the state and a notary public who has the lawful power to take affirmations and attestations of fact from affiants that the above Corporate Entity and its fiduciary agents have participated in fraud along with illegal transactions in respect to their claims, have violated their oaths of Office and thus violated federal law and subsequent state law and commercial statutes that apply.

Sworn and Subscribed before me

County Kings

State New York

Notary Signature

MARY H. AUGUSTE
MARY H AUGUSTE
Notary Public, State of New York
No. 01AU8008774
Qualified in Kings County
Commission Expires March 29, 2019

**Affirmation of Cancellation of Contract By Grantor/Trustor/ Primary Issuer &
Administrative Default Judgment**

**Made to Notary for Failure to Produce Freedom of Information Request & Request for Affidavit
Certifying Affirmation of Statutory Obligation made to**

Name of Financial Institution/ State Corporate Entity-Department-Subdivision: Capital one

The purpose of this Affidavit is to certify that a request for a Freedom of Information request was made to the above named Corporate Entity on the date of 01-17-2019 and the Corporate Entity and Fiduciary failed to produce the Freedom of Information request and failed to produce an Affidavit Certifying that they affirm their activities in regards to account # 517805919242 were within the bounds of their Federal, State, contractual, and commercial statutory obligations and oaths of record that they are bound to

In failing to provide such certification the Fiduciary Richard D. Garbino and all agents have shown bad faith and default in their lawful duty of record to legally verify the alleged Claim as required by law and as stated specifically in their oaths of office which obligate them to follow the laws mentioned within those oaths and applicable Laws.

Shawn Noel the affiant in this affidavit am officially executing administrative default to be reflected for the record along with color of authority actions based on the following:

- 1) Alleged Claimant failed to produce any original signature in respect to the alleged claim/contract and failed to state for the record who the alleged original claimant was based on the preceding law
- 2) Alleged claimant failed to provide an Affidavit Certifying that as fiduciary(s) for the institution they did not breach any federal state contractual commercial or official oath in carrying out the alleged contract/claim
- 3) Alleged Claimant failed to certify that they did not unlawfully without my consent use my signature to provide to or gain assets from a third party(s) then unlawfully made a claim against me and they failed to substantiate for the record that they did not commit any action that would preclude that they used my identity in a fraudulent or illegal manner or converted my true identity into a fictitious identity in collusion with a third party or additional parties.

Alleged Claimant was and is bound by law to provide this information upon a request pursuant to FOIA USC 5 section 552 and Failed to.

Shawn Noel the affiant of record testify before this witness who is an officer of the state and a notary public who has the lawful power to take affirmations and attestations of fact from affiants that the above Corporate Entity and its fiduciary agents have participated in fraud along with illegal transactions in respect to their claims, have violated their oaths of Office and thus violated federal law and subsequent state law and commercial statutes that apply.

Sworn and Subscribed before me

County Kings

State New York

Notary Signature

Mary H. Auguste
MARY HAUGUSTE

Notary Public, State of New York

No. 01AU6006774

Qualified in Kings County

Commission Expires March 29, 2019

**Affirmation of Cancellation of Contract By Grantor/Trustor/ Primary Issuer &
Administrative Default Judgment**

**Made to Notary for Failure to Produce Freedom of Information Request & Request for Affidavit
Certifying Affirmation of Statutory Obligation made to**

Name of Financial Institution/ State Corporate Entity-Department-Subdivision: Citi bank

The purpose of this Affidavit is to certify that a request for a Freedom of Information request was made to the above named Corporate Entity on the date of 01-17-2019 and the Corporate Entity and Fiduciary failed to produce the Freedom of Information request and failed to produce an Affidavit Certifying that they affirm their activities in regards to account # 4986139959 were within the bounds of their Federal, State, contractual, and commercial statutory obligations and oaths of record that they are bound to

In failing to provide such certification the Fiduciary James Forese and all agents have shown bad faith and default in their lawful duty of record to legally verify the alleged Claim as required by law and as stated specifically in their oaths of office which obligate them to follow the laws mentioned within those oaths and applicable Laws.

Shawn Noel the affiant in this affidavit am officially executing administrative default to be reflected for the record along with color of authority actions based on the following:

- 1) Alleged Claimant failed to produce my original signature in respect to the alleged claim/contract and failed to state for the record who the alleged original claimant was based on the preceding law
- 2) Alleged claimant failed to provide an Affidavit Certifying that as fiduciary(s) for the institution they did not breach any federal state contractual commercial or official oath in carrying out the alleged contract/claim
- 3) Alleged Claimant failed to certify that they did not unlawfully without my consent use my signature to provide to or gain assets from a third party(s) then unlawfully made a claim against me and they failed to substantiate for the record that they did not commit any action that would preclude that they used my identity in a fraudulent or illegal manner or converted my true identity into a fictitious identity in collusion with a third party or additional parties.

Alleged Claimant was and is bound by law to provide this information upon a request pursuant to FOIA USC 5 section 552 and Failed to.

Shawn Noel the affiant of record testify before this witness who is an officer of the state and a notary public who has the lawful power to take affirmations and attestations of fact from affiants that the above Corporate Entity and its fiduciary agents have participated in fraud along with illegal transactions in respect to their claims, have violated their oaths of Office and thus violated federal law and subsequent state law and commercial statutes that apply.

County Kings State New York

Sworn and Subscribed before me

Mary H. Auguste this [day] 7 [month] Feb [year] 2019

Notary Signature

Mary H. Auguste

MARY H AUGUSTE
Notary Public, State of New York

No. 01AUE006774

Qualified in Kings County

Commission Expires March 29, 2019

**Affirmation of Cancellation of Contract By Grantor/Trustor/ Primary Issuer &
Administrative Default Judgment**

**Made to Notary for Failure to Produce Freedom of Information Request & Request for Affidavit
Certifying Affirmation of Statutory Obligation made to**

Name of Financial Institution/ State Corporate Entity-Department-Subdivision: Navient

The purpose of this Affidavit is to certify that a request for a Freedom of Information request was made to the above named Corporate Entity on the date of March 8, 2019 and the Corporate Entity and Fiduciary failed to produce the Freedom of Information request and failed to produce an Affidavit Certifying that they affirm their activities in regards to account #

90911545301000120070071 were within the bounds of their Federal, State, contractual, and commercial statutory obligations and oaths of record that they are bound to

In failing to provide such certification the Fiduciary John F. Remond and all agents have shown bad faith and default in their lawful duty of record to legally verify the alleged Claim as required by law and as stated specifically in their oaths of office which obligate them to follow the laws mentioned within those oaths and applicable Laws.

I Shawn Noel the affiant in this affidavit am officially executing administrative default to be reflected for the record along with color of authority actions based on the following:

- 1) Alleged Claimant failed to produce my original signature in respect to the alleged claim/contract and failed to state for the record who the alleged original claimant was based on the preceding law
- 2) Alleged claimant failed to provide an Affidavit Certifying that as fiduciary(s) for the institution they did not breach any federal state contractual commercial or official oath in carrying out the alleged contract/claim
- 3) Alleged Claimant failed to certify that they did not unlawfully without my consent use my signature to provide to or gain assets from a third party(s) then unlawfully made a claim against me and they failed to substantiate for the record that they did not commit any action that would preclude that they used my identity in a fraudulent or illegal manner or converted my true identity into a fictitious identity in collusion with a third party or additional parties.

Alleged Claimant was and is bound by law to provide this information upon a request pursuant to FOIA USC 5 section 552 and Failed to. Shawn Noel

I Tamara Horsford the affiant of record testify before this witness who is an officer of the state and a notary public who has the lawful power to take affirmations and attestations of fact from affiants that the above Corporate Entity and its fiduciary agents have participated in fraud along with illegal transactions in respect to their claims, have violated their oaths of Office and thus violated federal law and subsequent state law and commercial statutes that apply.

County Kings State New York

Sworn and Subscribed before me Shawn Noel this [day] 22 [month] 04 [year] 2019

Notary Signature Tamara Horsford

**TAMARA HORSFORD
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HO6295681
Qualified In Kings County
My Commission Expires 01-06-2022**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Experian Customer Relations
P.O. Box 2002
Allen, TX 75013



9590 9402 4646 8323 5646 76

2. Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

7018 2290 0000 3088 8978

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Equifax Customer Relations
P.O. Box 740241
Atlanta, GA 30374



9590 9402 4646 8323 5646 83

2. Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9

COMPLETE THIS SECTION ON DELIVERY

A. Signature

XSJENMEAHICKS

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

7018 2290 0000 3088 8985

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TransUnion
Customer Relations
P.O. Box 1000
Chester, PA 19022



9590 9402 4646 8323 5646 90

2. Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

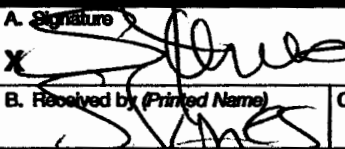

TransUnion LLC

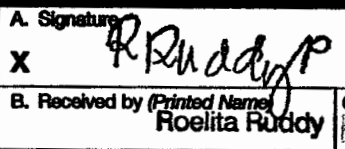

FEB 19 2019


3. Service Type


- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

7018 2290 0000 3088 8992

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Cavalry Portfolio Services 500 Summit Lake Dr, Suite 400 Valhalla, NY 10595</p>		<p>B. Received by (Printed Name) </p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 4646 8323 5647 20</p>		<p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9</p>		<p>7018 2290 0000 3088 9012</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Citibank Customer Service P.O. Box 6500 Sioux Falls, SD 57117</p>		<p>B. Received by (Printed Name) </p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 4646 8323 5647 44</p>		<p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9</p>		<p>7018 2290 0000 3088 9036</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>R Ruddy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Citibank Customer Service P.O. Box 6500 Sioux Falls, SD 57117</p>  <p>9590 9402 4646 8323 5647 06</p>		<p>B. Received by (Printed Name) Roelita Ruddy</p> <p>C. Date of Delivery FEB 19 2019</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9</p>		<p>7018 2290 0000 3088 9005</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Capital One P.O. Box 30277 Salt Lake City, UT 84130</p>  <p>9590 9402 4646 8323 5647 37</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery FEB 19 2019</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9</p>		<p>7018 2290 0000 3088 9029</p>	